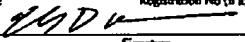


Certification of Mailing or Facsimile Transmission	
I hereby certify that I have reasonable basis to expect that, on the date shown below, this correspondence is being submitted as indicated below.	
[] mailed or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop _____ Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450	
[X] facsimile transmitted to the U.S. Patent and Trademark Office via fax number (703) 872-9306	
Eric D. Hemm Name	47,286 Registration No. (if applicable)
	
Signature	
March 23, 2005 Date	

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 09/777,989
 Applicant(s) : Chester, et al.
 Filed : February 6, 2001
 Title : Methods for Modeling, Predicting, and Optimizing High Performance Liquid Chromatography Parameters
 TC/A.U. : 2857
 Examiner : Hal D. Wachsman
 Conf. No. : 3218
 Docket No. : 8035M
 Customer No. : 27752

PETITION FOR EXTENSION OF TIME PURSUANT TO 37 C.F.R. § 1.136(a)

Commissioner for Patents

P. O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.

The requested extension and fee are as follows:

- [] One month (37 CFR 1.17(a)(1)) \$
- [] Two months (37 CFR 1.17(a)(2)) \$
- [X] Three months (37 CFR 1.17(a)(3)) \$1,020.00

The Director is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number 16-2480.

Respectfully submitted,

THE PROCTER & GAMBLE COMPANY

By 

Signature

Erich D. Hemm

Typed or Printed Name

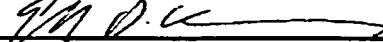
Registration No. 47,286

(513) 634-8960

Date: March 23, 2005
 Customer No. 27752

FEE TRANSMITTAL for FY 2005		Complete If Known	
Patent fees are subject to annual revision. Effective December 8, 2004		Application Number	09/777,989
		Confirmation Number	3218
		Filing Date	February 6, 2001
		First Named Inventor	Chester
		Examiner Name	Hal D. Wachsman
		Art Unit	2857
TOTAL AMOUNT OF PAYMENT (\$) 1,020.00		Attorney Docket No. 8035M	

METHOD OF PAYMENT			FEES CALCULATION (continued)																													
1. [X] The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to: Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company			5. ADDITIONAL FEES																													
			Fee Description	Fee Paid																												
			Extension for reply within 1 st month	(\$120) <input type="checkbox"/>																												
			Extension for reply within 2 nd month	(\$450) <input type="checkbox"/>																												
			Extension for reply within 3 rd month	(\$1,020) <input checked="" type="checkbox"/>																												
			Extension for reply within 4 th month	(\$1,590) <input type="checkbox"/>																												
			Extension for reply within 5 th month	(\$2,160) <input type="checkbox"/>																												
			Information Disclosure Statement fee	(\$180) <input type="checkbox"/>																												
			37 CFR 1.16(e) Late Oath/Declaration (nonprovisional)	(\$130) <input type="checkbox"/>																												
			37 CFR 1.17 (q) Missing Parts (provisional)	(\$50) <input type="checkbox"/>																												
			Non-English specification	(\$130) <input type="checkbox"/>																												
			Notice of Appeal	(\$500) <input type="checkbox"/>																												
			Filing a brief in support of an appeal	(\$500) <input type="checkbox"/>																												
			Request for oral hearing	(\$1,000) <input type="checkbox"/>																												
			Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	(\$1,370) <input type="checkbox"/>																												
			Other: _____	<input type="checkbox"/>																												
2. BASIC FILING FEE - Large Entity																																
<table border="1"> <thead> <tr> <th>FILING FEE</th> <th>SEARCH FEE</th> <th>EXAMINATION FEE</th> </tr> </thead> </table>			FILING FEE	SEARCH FEE	EXAMINATION FEE																											
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Provisional filing fee				(Total = \$200) <input type="checkbox"/>																												
3. APPLICATION SIZE FEE:																																
Sheets of Spec and Drawings <input type="checkbox"/>																																
(\$250 for each 50 sheets in excess of 100, except for sequence and program listings)																																
SUBTOTAL (2)+(3) (\$)																																
4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE:																																
<table border="1"> <thead> <tr> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Multiple Dependent claims: <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> </tbody> </table>			Extra Claims	Fee from Below	Fee Paid	Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>			Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>			Multiple Dependent claims: <input type="checkbox"/> = <input type="checkbox"/>																				
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** or number previously paid, if greater; For Reissues, see below																																
<u>Fee Description</u> Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$200 per claim) Multiple dependent claim, if not paid (\$360) **Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim) **Reissue claims: each claim over 20 and more than original patent (\$50 per claim)																																
SUBTOTAL (4) (\$)			SUBTOTAL(5) (\$) 1,020																													

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Erich D. Hemm	Registration No. (Attorney/Agent)	47,286	Telephone (513) 634-8960
Signature			Date	March 23, 2005

+ This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 1.12 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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